



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF LAW ENFORCEMENT AND SECURITY

DATE AND TIME

LOCATION

OFFICER

NUMBER OF GUIDES/STAFF MEMBERS		<input type="checkbox"/> Hiking	<input type="checkbox"/> Rafting	<input type="checkbox"/> Jeep Tour	<input type="checkbox"/> Event: _____
NUMBER OF CLIENTS/PARTICIPANTS		<input type="checkbox"/> Biking	<input type="checkbox"/> Sightseeing	<input type="checkbox"/> OHV Tour	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Climbing	<input type="checkbox"/> Photography	<input type="checkbox"/>	<input type="checkbox"/>

NAME (LAST, FIRST MI) HEAD GUIDE/GROUP LEADER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
NAME (LAST, FIRST MI)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
NAME (LAST, FIRST MI)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
NAME (LAST, FIRST MI)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE

<input type="checkbox"/> Copy of Special Recreation Permit	<input type="checkbox"/> Vehicles used to transport clients or equipment marked with company sign	<input type="checkbox"/> Adequate repair kit and supplies for trip
<input type="checkbox"/> Operating in approved area	<input type="checkbox"/> Guides have current copy of first aid and CPR cards in possession	<input type="checkbox"/> Trips with motor vehicles – Adequate portable toilet system available
<input type="checkbox"/> Approved activity	<input type="checkbox"/> Adequate first aid kit for trip or activity	<input type="checkbox"/> In compliance with other federal, state and local laws and regulations
<input type="checkbox"/> Vehicles/Bicycles on designated roads, trails or areas		

Violations Noted or Observed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violation Notice Issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Warning Issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List violations noted and actions taken:

1	<input type="checkbox"/> Violation Notice <input type="checkbox"/> Warning Notice	43 CFR _____ :
2	<input type="checkbox"/> Violation Notice <input type="checkbox"/> Warning Notice	43 CFR _____ :
3	<input type="checkbox"/> Violation Notice <input type="checkbox"/> Warning Notice	43 CFR _____ :
4	<input type="checkbox"/> Violation Notice <input type="checkbox"/> Warning Notice	43 CFR _____ :

OBSERVATIONS - NOTES

[illegible]

OFFICER (PRINT – SIGN)	BADGE NUMBER	DATE
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